The Medical Missionary

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THE MEDICAL MISSIONARY
WASHINGTON, D. C.

DR. ANNA DENGEL
Editor

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ACROSS THE PAGES. . . .

DR. MARGARET E. NORTON. There are times when the management of a mission hospital seems not so far removed from the homely task of dressmaking—at least, so it seems to this doctor who is working as a medical missionary in Mbereshi, N. Rhodesia, Africa, as a member of the London Missionary Society (Protestant).

SISTER M. HELEN. After almost 10 years in India, Sister has come back to the Motherhouse in America. En route, she stopped in the Holy Land. She enjoyed it—and we have asked her to share this pleasure with our readers.

DR. ELISE WIJNEN. Another Medical Missionary, who is beginning the second year of her interneship at Philadelphia General Hospital in Philadelphia. She spends her spare moments studying the special medical problems of the mission fields; tuberculosis is one of the foremost.

SISTER ALMA JULIA. The first year in the missions had gone by practically without mishap when—Sister got sand-fly fever! But she waited until the convalescent stage to "introduce Nicodemus!"

REV. F. SCHOBERG, S.J. "In a world of darkness, Christ, the Light of Life, lives; yet there are too few torchbearers with sufficient zeal and means to illumine the darkness with the Light." Father Schoberg, now a professor at Loyola College, Baltimore, Md., spent several years in the Philippines and knows from experience the "need of emphasizing Catholic Action in the Missions."

Medical Mission House
Pine Road, Fox Chase
Philadelphia, Pa.

DEAR FRIENDS AND BENEFACTORS:

At last we can make the happy announcement that our permanent Motherhouse is a reality. The housing for our present purposes is adequate—and we have sufficient grounds in a good location to build and expand as necessity will demand.

A year ago we found a suitable estate for our Motherhouse, and on October 3 of this year, just 365 days later to the day, we are able to have the official opening. His Eminence, Cardinal Dougherty, will offer up the Holy Sacrifice of the Mass to invoke God's blessing on our new undertaking. During the remainder of the day we shall have open house for our friends, that they may rejoice with us and see the buildings and grounds. I only wish that all our benefactors far and wide could be with us on that day, so that we could thank them personally and that they could realize more fully what their help has meant to us. Our young sisters who aspire to devote their lives to God's service in the foreign missions can prepare for their life's work in an atmosphere of beauty and peace, which are so conducive to strengthen soul, mind and body. The parents of our sisters and other friends who come on visits also can share in the enjoyment of the trees and fields and views, and get some relaxation from the feverish activity of city life.

Whilst the Motherhouse is ours, legally, yet it is the possession of our benefactors in another sense. Each and every one who has contributed did so to further the extension of the Kingdom of Christ on the frontiers of the Church, and to bring relief and help to the sick and suffering in countries less well provided for than ours. It is our aim and ideal to make our Motherhouse, with the help of God, a powerhouse of Christian charity, from which the current of Christlike service will flow into the hospitals, dispensaries, maternity and child welfare centers, leprosaria, sanitaria and other kinds of medical assistance in the different parts of the world where we will be privileged to labor.

Our little cradle in Washington will always be dear to us. There we grew to overflowing, experienced God's blessing, and the protection and benevolence of the Shepherd of the Archdiocese, His Excellency, Archbishop Curley, as well as the friendship and help of many priests, sisters and members of the laity. It was with a peculiar emotion and regret that we said goodbye—but for the sake of developing and doing greater things for God, we resolutely took the step, made easier by the fact that His Eminence, Cardinal Dougherty, had taken a great and active interest in our apostolate from its inception. We also experienced friendly cooperation from many sides and in many ways. We were fortunate in the choice of the architect and workmen, into whose hands we committed the "putting of our house in order."

And last, but not least, we owe much to St. Joseph, our Financier (through our benefactors), who saved us sleepless nights and gray hairs (which, however, would not be a calamity as they could not be seen) by making it possible for us to start free of debt. This means more to us than most people will realize, because it makes it possible for us to throw our forces into development of our work in the missions.

In conclusion, I want to mention that it is a striking coincidence that from the beginning of our Society, several important events occurred on days connected with the Little Flower. We also found our Motherhouse on her feast. The official opening will be under her patronage. We will ask her to shower many roses from heaven on our benefactors and friends on October 3.

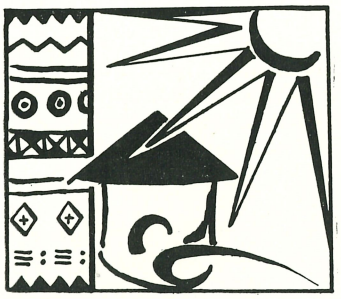
Our sisters have prayed and worked together for several years to get a Motherhouse; they now rejoice together at the achievement, thank God from their hearts, and pray for all those who have made it possible.

And may we ask you, dear readers and friends, to ask God's blessing on our work, too, especially on that day. Our work is your work, inasmuch as it is your share in the duty of every Catholic to propagate the Faith and to be merciful and compassionate to those who suffer.

With most heartfelt thanks, and confident that God will reward you, I am

Yours gratefully in J. M. J.,

ANNA DENGEL.



Cutting The Coat To the Cloth

By

DR. MARGARET E. NORTON, F.R.C.S., L.R.C.P.

Setting out on the fascinating path of becoming a doctor, climaxing that with the resolve to be a missionary doctor—it would seem that such tasks as cooking and sewing and minding the family would be far removed. And yet of late at our missionary post here in Mbereshi, I have felt a strange yet unmistakable kinship to that lady of the last generation, who sat by the table with her mouth full of pins and figured and planned how she could get a coat for Mary Jane out of Aunt Rebecca's no-longer-needed skirt. One comes to see that sometimes the plainest patterns are the hardest of accomplishment; it is all very well to decree "no frills and plaits"—but a tuck here may mean an extra bit of fullness there, and one must have room to stretch—and grow. To know where to snip and where to piece to best advantage requires planning—and work. But first let me tell you something of this mission, to which we must fit the cloth of our funds and personnel.

One small hospital consists of six blocks and a few odd buildings. The first block houses the girls' boarding school sanitarium; it is here the nurses begin their training by looking after the numerous cases of malaria among the small school children, most of them from four to eight years old. Next is the women's and children's block, with twelve beds. A third block is devoted to midwifery cases, with a labor ward of three beds. Then, an open-air building for out-patients' treatments; a building for stores, administrative office and laboratory; and lastly a very tumble-down men's ward of seven beds, which we are hoping to rebuild next year. We have also a further twenty beds for "hostel patients." These are persons who attend the out-patients' clinics, but live too far away to come daily, so they stay with and are fed by us, though we do not nurse them.

In addition to the ordinary out-patient and in-patient work, we run ante-natal and baby clinics weekly, a venereal disease clinic, and three baby clinics per week in out-villages as well as two dispensaries in out-villages. These last are in charge of our own trained nurses, who also conduct ante-natal and baby clinics. Besides this, we are responsible for the health and inspection of two boarding schools, three girls' day schools and three boys' day schools—and all for £280 (about $1,400) per annum! And that is where the dressmaking problems begin!

The back of our coat is the hospital. There are certainly no frills, no redundancies in the staffing. Both fortunately and unfortunately the staff has reduced itself, especially during the last half year. Aaron Hundred, the laboratory man, applied for admission to the Government Training School for Medical Assistants, was accepted, and so left us. Later on one of the junior nurses was dismissed for leaving her post at night, and still later, the least satisfactory of the nurses was dismissed for not doing her duty and quarreling with patients. That leaves us at present with two orderlies (one puts in full time as clerk to out-patients and director of village work; the other is on half-time, and does laboratory work besides other jobs with the patients); six nurses at Mbereshi; two nurses doing a surgical post at Chibambo in three-monthly shifts, and two nurses running out-village dispensaries, with Miss Ranford and myself to complete the staff. And that, we feel, with our present ways of managing the work, is about the minimum!

We may count as the two fronts of our work the out- and in-patient departments. There is never any question in our minds of curtailment here. We must serve those who will come. But we serve with no ruffles or extras. We do feel that the diet of the people here is so near the borderline of starvation that a financial inability to feed them better than they can feed themselves is to us a great hardship. We have not gone below the Government allowance in quantity: The grumbles have been concerning the lack of variety. Certainly, as far as we can ascertain honestly, part of our reduction in in-patient numbers is due to the feeding, and to the fact that we cannot support the relatives of patients while the latter are under treatment. The out-patient numbers have remained good, though I am myself convinced that the number of attendances per patient could be reduced considerably if only we could counteract the diet deficiencies with adequate vitamin and tonic treatment simultaneously with specific treatment. The only change in our general pattern during the year has been the institution of *Kahn Blood Tests* for specific disease, allowing of greater accuracy in diagnosis of doubtful

cases. This has had the curious effect of reducing our numbers in the venereal disease clinic, as previously all doubtful cases were treated in this latter department, while now we trust very largely to our blood tests. The patients' faith in the needle is still great, and those refused injections always go sadly away, and will not persevere for other ordinary treatments.

The two arms of our coat cost us very little, and yet we count them the most important in the long run—they are the preventive work, baby clinics and ante-natals. Of these, the ante-natal work goes ahead well, though unfortunately without a relative increase in the amount of midwifery undertaken by hospital nurses either in hospital or in the villages. The baby clinic work, on the other hand, had reduced itself this year, as far as hospital clinics were concerned, but we are making up for that by running three very successful baby clinics per week in near-by villages, in addition to those run by the two nurses in charge of out-dispensaries.

Perhaps we might just as truly have called these two out-dispensaries the arms of our work—they are both doing splendid service. Janet, long established now at Mukamba, goes on increasing her efforts in all directions—out-patient, village visits, clinics for ante-natal care, babies and midwifery—nothing is neglected, and Janet herself has won a position of authority in the village and district as the friend, counsellor and helper of all.

GENERAL HOSPITAL	1933	1934	1935	1936	1937	1938
In Patients	45	80	97	248	282	243
Out Patient Attendances	3,475	5,832	13,459	29,109	28,516	27,683
Maternity	....	17	23	45	39	26
V. D. Clinic	779	813	914	1,378	2,342	1,452
Infant Welfare	....	4,348	1,958	3,767	2,803	2,292
Ante Natal	350	323	375	434	347	431
BOYS' BOARDING SCHOOL						
In Patients	9	20	33	38	23	23
Out Patient Attendances	400	821	321	1,667	4,234	2,492
GIRLS' BOARDING SCHOOL						
In Patients	204	460	319	412	363	401
Out Patient Attendances	12,304	11,962	11,884	6,453	16,801	17,227
VILLAGE VISITS	....	2,783	3,958	2,950	3,677	....
LABORATORY SPECIMENS	....	957	998	1,732	1,902	2,351
KAHN TESTS	....	....	....	....	....	329
MUKAMBA DISPENSARY						
Out Patient Attendances	....	....	....	3,431	13,255	21,595
Infant Welfare	....	....	....	285	450	748
Maternity	....	....	....	3	8	6
Ante Natal	....	....	....	24	66	79
Visits in Village	....	....	....	....	86	102
TOKATOKA DISPENSARY (2½ months)						
Out Patient Attendances	....	....	....	....	....	3,755
Infant Welfare	....	....	....	....	....	267
Maternity	....	....	....	....	....	2
Ante Natal	....	....	....	....	....	26
Visits in Village	....	....	....	....	....	36

Lise Cishimba is only at the beginning of her career at Toka-toka, but judging by her reports, she is already filling a great need out in that district, and she herself seems happy in her work. In two and a half months she has established all the work that we had hoped for—baby clinics, ante-natal care and midwifery—as well as all the ordinary out-patient work. The opening of the new dispensary at Toka-toka, which we had hoped would be ready in August, finally took place on St. Luke's Day, October 18th, and was a very happy occasion. The Rev. R. H. Sabin and her own minister, the Rev. Joshua Nkole, with Lise Cishimba and one other nurse, a medical orderly and myself, went out for the ceremony, at which were gathered some eighty grown-ups, with an even larger number of children of all sizes, from the settlement and the neighboring villages. The object of the dispensary was explained, and the wish expressed that it would be found a place of help and healing for all. The building itself is a three-room house—a bedroom and a sitting room for the nurse, and a separate dispensary. It is simply furnished, and all drugs and dressings are replaced from Mbereshi every second week. The work of helping the builder and of supplying labor for brick-making, water carrying, plastering, etc., was undertaken by the villagers, who also supplied the grass and roof poles.

Health at the two boarding schools has remained at an even higher standard than for-

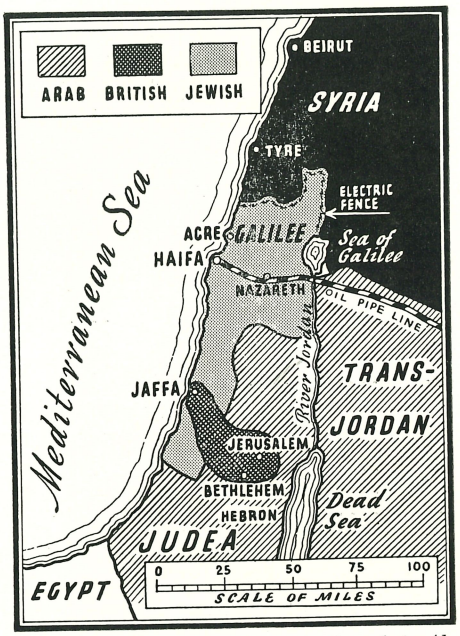
(*Continued on page* 129)

Pilgrimage

By

SISTER M. HELEN, S.C.M.M., R.N.

"Would your Excellency forbid that I go, then?" I was very, very earnest, for it seemed to me a momentous issue, this settling of the question whether or not I should be able to visit the Holy Land on my return to the States. It was, as far as I could see, the proverbial "once in a lifetime" opportunity, and now because of the riotings and disturbances in that vicinity, everyone was discouraging the venture—friends, Sisters and now even——



Courtesy *The Crusader's Almanac.*

"But, of course not!" His Excellency, the Most Rev. Timothy Crowley, C.S.C., Ordinary of the Dacca diocese, laughed at the distress which must have been only too evident upon my face. "I'm only warning you in accordance with the news which reaches me and," there was a twinkle in his eye, "with my line of duty. But if you want to go, and if it is possible to go, then go, child, and God bless you!"

And so that part of the expedition was settled. But there were still the Arabs and Jews and immigration officers to be reckoned with. However, I have found that misgivings are best kept to oneself, and with no show of hesitation I applied for a *visa.* It was given without question. Again when I informed the immigration officer at Port Said that I was disembarking to go to Jerusalem, he made no comment.

With jubilant confidence I set about arranging for the next lap of my journey—"When would the next train leave for Jerusalem?" Already I was calculating—two hours, three hours, four—but alas for the Western mind that, as Kipling puts it, "tries to hurry the East!" With stolid finality the information was given: Trains did not run to Jerusalem. They went as far as Lydda three times a week, on Mondays, Wednesdays and Fridays, at 9 p. m. This was Saturday morning. It meant that I had to wait three days—and I had only a week's stop-over between ships! With a small hope daring to peer timidly around the corner of my experience in the ways of the Orient, I asked if there were no other way of reaching my goal. The answer was vague: I *might* get a steamer to Jaffa. Succumbing to the pervading spirit, I decided to arrange for sleeping quarters before pursuing my quest further, and made my way, after going through the customs, to the near-by Convent of the Good Shepherd.

Reverend Mother was kind. She listened to my recital of disappointments. She did more. She told me that occasionally special trains ran on Saturdays, and she sent one of the Sisters to call the station and inquire. Yes, there would be a special train at 6 p. m.! Once more spirits rose, and I sat back to relax in preparation for my pilgrimage. Refreshed and placid, I arrived at the station in good time and found—nothing, not even a station master! Prolonged search unearthed the latter, who informed me noncommitally that the special train had been cancelled! There was nothing to do but go back to the Convent!

Courtesy *The Crusader's Almanac.*

Harvesting in the Holy Land

The following morning I inquired of the Thomas Cook agent what time I could get a steamer. He was unencouraging. The steamer

to Jaffa was a freighter and *might* sail on Monday, *if* they had sufficient cargo! Despite my experience of the previous evening, I decided that the Monday evening train would be more dependable, so I purchased my ticket (with recollections of the elusiveness of native station masters), and made arrangements for a motor at Lydda—there is no bus service from that point to Jerusalem.

I had always imagined that Indian hackney carriage drivers were the biggest rogues in the world, but I am convinced that they are angels compared with those in Port Said! Before leaving for the station on Monday night, Reverend Mother told me to give the carriage driver four piastres (about 20 cents). Upon arrival at the station the driver refused to accept this sum and demanded ten piastres. Then the excitement began. I remained firm—it would be four or nothing. He was equally determined it would be ten, and began to shout at me in Arabic, so I simply walked off and seated myself in the train. In just about two minutes the driver, accompanied by a big, fat policeman, stood before me, shouting to all the passengers (and, it seemed to me, to all the world) that I had not paid my fare! I explained to the police officer that I had given the driver the correct fare, but that he had refused to accept. He listened to my recital in silence, then decreed judiciously: "Madam, give him six piastres." To save further commotion, I paid it, and had no doubt but that the extra two piastres were divided between them. Nor could I help reflecting that even the worst among the Indian *gari wallas* (carriage drivers) would never have behaved in such a manner.

After an hour's run on the train, we arrived in El Kantara; it was 10 p. m. We were ferried across the Suez Canal into Palestine, and left there to wait until 3 a. m. for the train to Lydda.

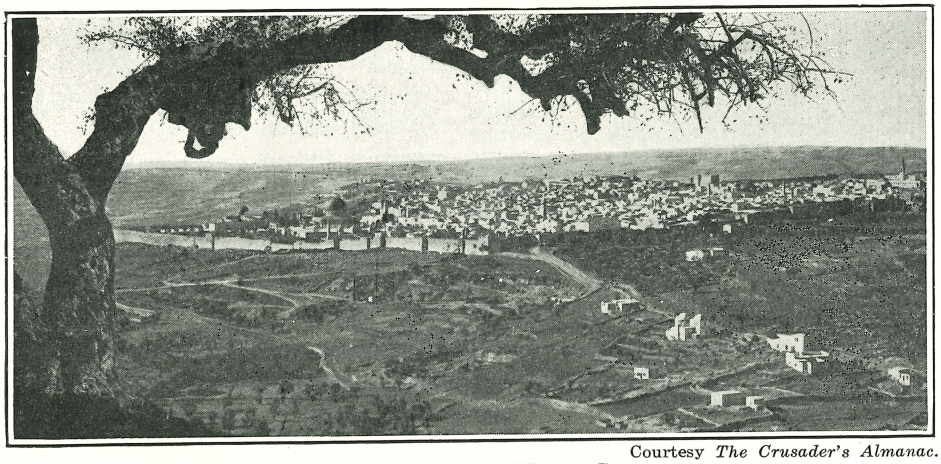
I had taken a ticket for a third class carriage, and found most of my companions to be large, rugged Arabians, dressed in a flowing garb which resembled a nightshirt, their headgear consisting of a piece of white muslin folded in a triangle and encircled by two loops of heavy black cord. Their great sacks of grain and fruit were piled high on the seats beside them and even blocked the aisle.

The seats themselves were not long enough to permit lying down, and I was just resigning myself to snatching a few hours of sleep in a semi-reclining position when an old, grizzly Arab sat down beside me, tucked his feet up on the bench—and left me with just enough space to sit bolt upright, like a prisoner in the stocks!

Sleep was out of the question. I began to inspect my fellow passengers. Just opposite was an aged Arab couple who periodically (or I might say, continually) munched dry bread, raw cucumbers and cheese. After the second lull in their eating activities, the woman, who had been looking at me for some time, broke off half of an eighteen-inch loaf, extracted a big, raw, unpeeled cucumber from a huge basket of provisions, and with a gracious smile, handed them to me! I did not want to refuse, but knew I could never do justice to such a huge meal, so I shook my head, smiled, and pointed to my own lunch basket beside me. Undaunted, she returned the supplies to the basket, only to pull out, Houdini fashion, some large oranges! She offered me one. I accepted, and her pleasure positively radiated as she sat and watched me dispose of it!

The first streaks of dawn showed us that we were passing through a desert, nor did we need the morning light to convince us of this! Our clothes, our hands, our faces—everything in the carriage—bore a layer of fine, white sand. There was no sign of life on the landscape until we arrived at a little place called Rafa, where a few mud huts were clustered beside the small stone station. Near by, like a gaunt symbol, a solitary old Arab was feeding his camels some dried grass.

(*Continued on page* 131)



Courtesy *The Crusader's Almanac.*

The Holy City From Mount Scopus

Fighting the White Plague

By

ELISE WIJNEN, S.C.M.M., M.D.

It seems hard to believe that a country like sunny India could be riddled with tuberculosis. In our minds that dreaded destroyer of young people is linked with poverty, crowding and a damp, dreary climate, not with a country that vies with Arizona and California in abundance of sunshine. But tuberculosis is essentially an infectious disease, spread by the bacteria in the sputum of sick patients and thriving in undernourished, poorly resisting bodies. It is true that sunlight will kill the tubercle bacilli in a few hours; but the dark and crowded dwellings of the natives will keep these murderous germs alive for many days. One coughing sufferer may transmit the disease to many members of his household, especially the young women, who are confined to the *zenana* by the social laws of the country.

To form an estimate of the damage done by tuberculosis to India's young women, Dr. Rose Riste of the Women's Christian Medical College of Ludhiana, in the Punjab, studied the mortality among the girls of that locality. She found that the death rate from tuberculosis among women is 404 per 100,000, as compared with 149 for the men—nearly three times as high. Many factors contribute towards this high mortality rate: the strict seclusion of the women; early marriage and childbirth; poor living conditions; the lack of racial resistance among the natives.

It has been observed over and over again that tuberculosis among the Indian natives runs an entirely different course from that of the white population and is comparable to the disease in the American negro. The patients are acutely ill, run a high fever, often have tuberculous pneumonia or the so-called "galloping consumption," and die, on the average, in ten months. Anyone who has seen tubercular patients in America knows that they usually live for many years, even without adequate treatment, often do not seem very ill, and, if put to rest early in their illness, have a good chance of recovery. Thus it is easily understood that the problem of tuberculosis control in India is quite different from that in America.

It has been said that with regard to tuberculosis India now stands where England and other countries stood thirty to fifty years ago. For although India has the advantage of the experience gained in Europe and America, the difficulties are still tremendous. The number of tubercular patients is about 2,000,000, and at least 400,000 beds are needed. But India has only about 2,000 beds, distributed among twenty sanatoria and hospitals.

The most important and efficient unit in this fight against the "great white plague" is the Tuberculosis Clinic, which should be equipped with the necessary aids for diagnosis, such as a fluoroscope, X-ray apparatus and a laboratory, and should have visiting nurses to follow up the patients and bring in the "contacts." The simpler forms of treatment may be given in these clinics.

Now the treatment of tuberculosis has changed radically within the past twenty-five years. The accepted routine used to be to put the patient to bed and keep him there until Mother Nature had started the healing process and the germs were under control. Now it is possible to use active measures to promote recovery. The great essential is still the same: rest, rest, and more rest. But clever surgery can put the diseased lung at rest *selectively,* much as a broken arm can be splinted and so healed, while the patient can go about his business. Thus the period of absolute rest in bed can be cut down, thanks to the surgical procedures known as pneumothorax and thoracoplasty.

Of these two procedures the easier and simpler is pneumothorax, by which air is introduced into the chest cavity through a hollow needle, thus compressing the lung and putting it at rest. This can be done in clinic, takes only the simplest of equipment, and is painless and almost without danger. The air is absorbed fairly rapidly and "refills" are necessary at frequent intervals, ranging from a week to a month or more. In the meantime the patient can often be up and about and even engaged in active work. It is advisable to start pneumothorax while the patient is in a hospital or sanatorium; but if necessary, it can be started in the clinic. Of course the patient must be in bed until the spread of the disease is under control. This is gauged by these symptoms: lack of fever, abatement of the cough, gain in weight, and, most important of all, a sputum free of bacteria. This is called a "closed case," and such a patient is not dangerous, for he cannot infect other people as long as his sputum remains negative.

The progress of the pneumothorax and the

collapsed lung must be followed closely under the fluoroscope. The X-ray detects the amount of air present in the chest and the efficiency of the collapse. Sometimes there are adhesions from the lung to the chest wall. These fibrous bands act as guy ropes that prevent the lung from collapsing and keep the tuberculous cavities open, thus counteracting the good effects of the pneumothorax. In such a case the surgeon can introduce a small instrument into the chest cavity and by deft manipulation cut through the adhesions. This is done under local anesthesia and, while not always possible nor entirely without danger, is a valuable adjunct to the use of pneumothorax. Another helpful measure is the cutting of the phrenic nerve. This paralyzes one side of the diaphragm and thus rests the base of the lung.

Pneumothorax, however, has its drawbacks. It requires regular visits to the clinic for refills. It is not always successful, due to adhesions. Sometimes fluid appears in the chest and repeated tappings are necessary. For all these and many other reasons a more stable form of collapse was sought. This was found in the operation called "thoracoplasty," which consists in the removal of ribs on one side of the chest. The chest wall caves in and the lung stays collapsed for the rest of the patient's lifetime.

Obviously such an operation requires a skilled surgeon and full hospital facilities. The patient must be in the hospital for several months, for a thoracoplasty is usually done in three or more stages, two to three months apart. It cannot be denied that thoracoplasty, like all major surgery, entails certain dangers. However, careful selection of cases and excellent technic make it a valuable and often a life-saving procedure.

Before the days of chest surgery only thirty per cent of the patients with far advanced, sputum positive tuberculosis would survive for five years. Modern treatment has doubled this figure, so that at present sixty out of every hundred of these patients may be expected to be alive after five years. Unfortunately we cannot hope for similar results in India, at least not in the near future. The reason for this unfavorable prognosis is not so much the lack of hospitals and surgeons as the different type of illness which prevails among the natives. Whereas in America eighty per cent of the tubercular patients have the chronic, slowly progressing, so-called fibrous type of disease, in India seventy-six per cent of the patients run a rapid course in which there is neither time nor place for surgical treatment. This acute type of illness usually is not benefited by collapse therapy. It is likely to be fatal despite the best of care. This is the tragedy of tuberculosis in India, where, in Keats' words, "youth grows pale, and specter-thin, and dies. . . ."

As collapse therapy is so often futile, efforts of control must be directed primarily against the spread of the disease. Isolation of open cases is essential but practically impossible, due to the lack of hospital beds and to the inertia, ignorance and poverty of the people. The majority of the cases must of necessity be taken care of in the homes, and here is where the role of the women becomes apparent. As Dr. Roste declares: "The key to the whole fight lies in the *zenana,* for without the intelligent cooperation of the women in the home we can accomplish but little." These women must be taught, with endless patience, by personal contact and word of mouth. They must be contacted through hospitals and dispensaries, in clinics and schools, by doctors, nurses and midwives. They must be convinced that every tubercular patient is a source of infection and a menace, especially to the young people. The ever-present example of whole families ravaged by the disease, all traceable to one open case of tuberculosis, should be our strongest and most practical argument.

The measures to avoid spread are really simple. Tuberculosis, although infectious, is not a highly contagious disease. It requires large repeated doses of germs to be transmitted. If the sputum can be collected and destroyed safely, the greatest source of infection has been removed. The ideal way of doing so is to use small covered paper cups which, when full, are destroyed by burning. This, however, is not practical in the poor Indian homes where two per cent chlorinated lime will do the same service efficiently and cheaply.

With proper precautions it is possible to use the general hospitals and dispensaries of India in the campaign against tuberculosis. Genuine interest and adequate training on the part of the doctors and nurses can halt the progress of the white plague, as it is being halted so effectively in America and Europe.

CUTTING THE COAT TO THE CLOTH

(*Continued from page* 125)

merly, as witnessed by the fall in numbers attending the daily dispensaries. In a country endemic for malaria, we cannot expect sanitaria in-patient numbers to fall very considerably.

The accompanying list of figures gives in summary form an idea of our accomplishments since 1933. Our chief troubles are not "serious difficult" ones, but "serious minor" ones; trachoma, malaria, hookworm—these are the worst. And the still greater enemies of lack of perseverance, laziness, and ignorance. But now, after ten years, I do really begin to see fruits of our prevention work, and certainly the children in both the day and boarding schools of the station are a very healthy, happy crowd.

Introducing Nicodemus

By

SISTER ALMA JULIA, S.C.M.M., M.T., PH.G

I was lying on my charpoi, the mosquito netting thrown back to make a rather artistic-looking canopy over my head, and with several garlands of gardenias (or the Indian equivalent) around my neck. It was 3 p. m.

"Nicodemus," I said, "this is the life!"

I was recovering from sand-fly fever. Now, there are three nice things about sand-fly fever.

1. It lasts only three days. And this was the third day! I was now able to turn my head on the pillow without holding it with my hands—I could even look around without my eyes popping out of their sockets! In fact, I was seriously pondering as to whether I might not be able to eat some pudding for supper, or drink a cup of tea—preferably iced tea!

2. No one ever dies of sand-fly fever. The textbook says so. I remember reading it up just a week or so before—in anticipation of getting the disease, seeing that the sand-flies seemed to relish the flavor of my particular type of blood. Very distinctly I recall the sentence in *Tice's Tropical Medicine:* "No fatality has ever been reported." So the past two days, when it hurt to so much as move in bed, and when it was torture the minute the wet ice-pack was taken off my eyes, I could remind myself: "This sickness is not unto death!"

3. One attack confers immunity. Now if I had contracted malaria, or amebic dysentery, I would have to be fighting it more or less for the rest of my life. Or I might get a return attack at any time. But sand-fly fever—*No!* It was over! A couple of more days' convalescence, and I would be through with it forever—a consolation!

But I must explain Nicodemus. He had been sitting very patiently in the opposite corner of the room for the past three days—long enough for us to become acquainted, even in the most exacting social circles. Nicodemus is a spider, one and three-fourths inches in diameter. Spiders eat mosquitoes (and I hope, sand-flies!). So I wouldn't think of disturbing him from his perch.

One thing remains to be accounted for—the garlands. Sister Stephanie had walked in with them around her neck. She had just come home from the Center, where her native midwives had had a party in honor of two who has passed their examinations, and as Sister was the teacher and thus one of the heroes (or should I say, heroines) of the occasion, she was "wined, dined and garlanded"—for wine here they used soda pop.

"Did you wear those home?" I asked.

"Of course. Why not?" she answered.

Why not? She was right. It is nothing unusual to see people going down the streets of Pindi with garlands around their necks—any excuse will do.

"What are you going to do with them now?" was my next question.

"Throw them in the dust-bin," was the reply.

"Don't throw them away," I pleaded. "Let me wear them a while." So she "humored the patient" and put them around my neck. After a while I decided they smelled more like clover blossoms than gardenias. It reminded me of the lovely clover fields in Ohio (the best in the United States!), and of the fact that I had not seen a single clover (let alone a clover field) since coming to India.

This period of contemplation completed, I decided that the room was sufficiently aromatic, so I arose and put the garlands around the statue of the Sacred Heart in the hall! I just could not throw them away, especially after the meditation!

After a while Sister Jude came into the room for the kitchen keys (I have been matron of the larder for several weeks now!), and she sniffed.

"What do I smell?" she inquired.

"The odor of sanctity," said I, demurely.

"Sanctity!—hmphh!" That was all she said. She was in a hurry. After all, some one around the house had to work—we could not all lie in bed and do nothing. And now I have forgotten whether or not I ever did get a chance to explain to her that it was not the odor of sanctity—I must make a note of that.

At this point Sister Camillus came in. She had been (and still was) nursing an infected eye—nothing serious, just inconvenient.

"If only I could read," she moaned.

"We could read the funnies!" I suggested. And that was the starting point of another meditation, only this time, since we did it together, it was a discussion. At great length we deliberated over the mystery: Everybody reads the "funnies" right after Sunday Mass "back home," and we had not even seen a "funny"

since coming to the mission! Of course, there are things that are funny enough without—but this was just an abstract discussion! And besides, Sister had to leave. So I began to ruminate in solitude once more!

That might be an idea for a point of news when I wrote to my niece again. "Mary," I should say, "do you know that here in India there are three hundred million people who not only have never seen a 'funny,' but have never even heard of such a thing? And by the way, when you write again, will you tell me if Orphan Annie has grown up yet?"

Only, I reflected, perhaps they would take me seriously and send me some funnies—which is the last thing I would want! In the first place, I have found that the "funnies" are really not so very funny any more. And secondly, by the time they would get here I should no longer have sand-fly fever. And third, I shall never have it again!

Before going to press the following bulletin reached us: "Alas, the morning after the fourth day I looked up to the ceiling and Nicodemus was gone! Neither could I see a mosquito or fly of any kind. The ceiling and walls were quite clean. It may be that Nicodemus could find no breakfast, so he went off to better hunting grounds. They are really rather nice fellows—spiders. They stay put in their corners. They do not buzz around your head just when you are dozing off to sleep. They do not bite your ankles at the most unexpected moments. I do hope no one killed him."

PILGRIMAGE

(*Continued from page* 127)

As we rattled on, we caught several glimpses of the Mediterranean on our left. It augured a change of scenery. The desert was soon a thing of the past as we burrowed into the green orchards and the fields of ripe grain that are so plentiful between Gaza and Lydda. Everywhere there were olive and orange groves. The fruit in the latter had not yet been gathered, and the trees presented a fairy picture with their green branches bending beneath the weight of huge balls of gold. I have never seen such large oranges as those grown here—they are the size of a small grapefruit!

At 10:30 we arrived at Lydda—the end of our train journey—and a few minutes later I was settled in a comfortable motor car ready for the last lap of the trip. There was not much to see in Lydda, although the driver did point out where St. George, whom the East venerates as the "Great Martyr," is buried in a church bearing his name. At last we were outside the city and speeding through the Judean Hills. The valleys and lower slopes were softly beautiful—green pastures and fruit groves interspersed with fields of ripe, yellow grain. It was harvesting time, and here, as in India, farming appeared as primitive as it probably was in Our Lord's time. Men with girded garments and huge scythes were cutting the ripe stalks, while women and children followed them about, binding the grain into sheaves—I thought of Ruth gleaning in the fields of Booz.

As we wound about the hills and valleys, we passed through a few Arab towns. Pointing to a village on a rise to our left, the driver laconically announced that it was "Emmaus," then added that the road we were traveling was the one on which Jesus had walked with the disciples!

The drive from Lydda takes about an hour, yet it did not seem that long when we were climbing up a hill, into a city—"Jerusalem," remarked the driver, his tone indifferent, but I was thrilled! First we went through the new section, a replica of any other modern metropolis, with broad streets and fine, up-to-date stone buildings. But soon we reached different surroundings. The driver stopped the car.

"Madam," said he, "this is Jaffa Gate. From here you must walk to the *Casa Nova.*"

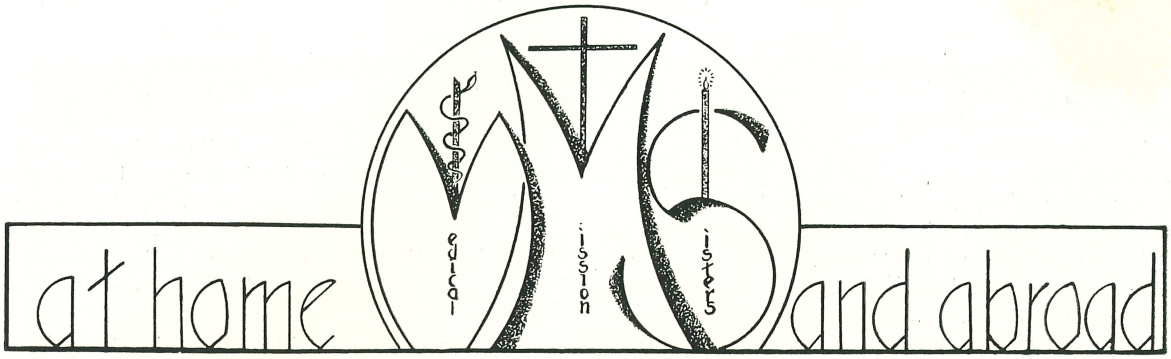
A porter was hailed to take my bag, and the two of us began our trek down a narrow, inclined lane which led through the bazaar. The stones which served as "pavement" truly looked as if they had been placed there centuries ago. Their edges were worn smooth and round—they actually proved slippery when I walked up-hill. On each side of this ancient thoroughfare were shops of every description, where one could buy anything from a cradle to a coffin! In some places heavy stone archways completely covered the street, so that even at midday the shops were lighted up with electric or oil lamps.

A short distance above the bazaar we came to the *Casa Nova,* a hostel in charge of the Franciscan Fathers and Sisters. Here I made myself at home in a cool, comfortable little room, and only a few minutes later a Sister came to announce that luncheon was being served.

I went into the dining room, one might say, tentatively. Large rooms and long tables are meant for sociability, not isolation, and all I could see was emptiness. It was almost with a shudder that I thought of the echoes which my solitary knife and fork must raise in this great hall, when——

"Over in the corner, Sister. Will you join the other tourists?"

I followed my guide, and was introduced to—five Americans! An exchange of brief, "get-acquainted" biographies revealed that four of my fellow countrymen had finished their sightseeing and were planning to leave the city in the morning, but the fifth, like myself, had just arrived that day and was alone. With the facts thus set before us, the logical conclusion was that we should make our pilgrimage together, and we agreed to waste no time but to begin that very afternoon!



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Late last spring, with the June issue on the press, we breathed a sigh of relief and mentally noted that "now we should have two months to catch up." And now suddenly we discover that the tables have been turned, and we are faced with the task of having *two months to catch up with!*

Vacation began mildly enough. There was the Catholic Hospital Convention in Milwaukee, June 12-16, attended by three of our sisters who took turn and turn about attending the lectures and discussions and explaining medical mission work at our exhibit. On July 1, our new M.D., Dr. Schmitz-Dumont, began her interneship at St. Mary's Hospital in Philadelphia, Pa., and a few days later Dr. Lippits returned to the Motherhouse, having completed her interneship at St. Joseph's Hospital in Baltimore.

Picking for Packing

Then things began to fly. People realized that barely a month remained until the novitiate must move, bag and baggage, to Philadelphia. An interesting process began in the attic, a process of investigation, separation, accumulation—and Fox Chase was not the only house to be provided for! Plans had matured for the opening of a Postulate in Holland. Dr. Lippits, of Hoorn, Holland, a pioneer of the Society and the first Dutch sister to enter, was chosen to make the foundation with Sister M. Agatha Ypma, R.N., of Utrecht, Holland, as her companion.

And so packing became almost a contest. Everyone needed napkins and egg beaters and salt and pepper shakers, and for a while it almost looked as if all had forgotten that "life must go on" in the "house of studies," too. Little mounds of books and bedding and what not dotted the floors like the chunks of ice in Eliza's river, and one would need pick one's way carefully, with this difference—our problem was to avoid stepping on them! But soon Sister M. Barbara had sent a truckload off to the new Motherhouse, and Dr. Lippits, determined to have all packing done before the beginning of retreat, had tucked in the last odd end and closed her trunks—and then retreat began.

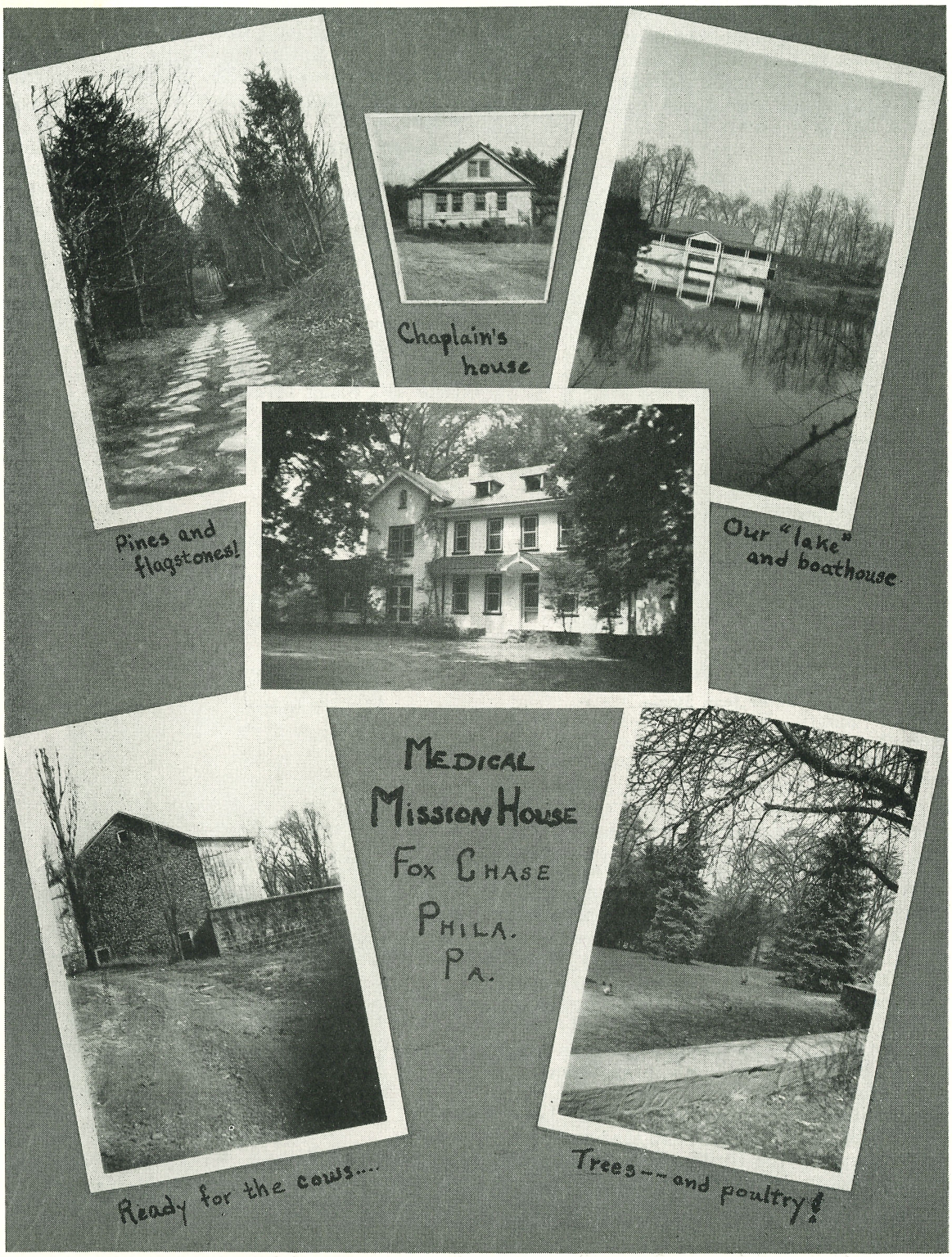
Come and go—and overflow!

Our retreat master this year was the Rev. Henry Druffel, C.PP.S. Previous to his arrival our ranks had increased considerably. Dr. Leonie Tummers arrived from St. Joseph's Hospital in Baltimore for a month's vacation, before beginning her second year of interneship; Dr. Elise Wijnen came from Philadelphia General Hospital on a similar holiday; Sisters M. Theophane and M. Michael came home from Providence Hospital for a three weeks' rest after writing "finis" to their first year of training, and Sister M. Rose arrived from Baltimore, where she had attended summer school at the Notre Dame of Maryland College. As Dr. Dengel herself expressed it, we were "blessed to *overflowing.*"

Our house is blessed . . .

In the meantime work had been progressing at Fox Chase. On Wednesday, August 9, everything had to be in readiness for the blessing of the house. His Eminence, Cardinal Dougherty, had appointed Rev. Dr. Cletus Benjamin, D.D., for the ceremony. He arrived just as the Westminster chimes of a beautiful grandfather clock (given us by a kind benefactress for our parlor) boomed 10 a. m.—truly "on the dot." By dint

(*Continued on page* 134)


Pines and flagstones!
Chaplain's house
Our "lake" and boathouse
MEDICAL MISSION HOUSE
FOX CHASE
PHILA.
PA.
Ready for the cows....
Trees -- and poultry!

AT HOME AND ABROAD

(*Continued from page* 132)

of much sweeping and sewing everything was in readiness, and Dr. Benjamin, accompanied by Dr. Dengel and Sister M. Anthony, went from room to room and from house to house, blessing all the buildings—even the stable which sheltered our faithful team of horses, *Chief* and *Prince*.

Sister Jean Marie

. . . and doubly blessed!

His Eminence also granted permission for reservation of the Blessed Sacrament, and on August 12, the feast of St. Clare appropriately enough, the Rev. John F. Burke, our parish priest in Fox Chase, offered the Holy Sacrifice of the Mass for the first time in our new house. It was an experience not easily to be forgotten—or described. At such a time those simple words: "Hoc est enim Corpus Meum," take on a new fullness. One begins to pray in an unimposing room, before a little wooden table with an empty box atop it—and suddenly the room has become a Temple. the table an Altar, and the box a Home, and one realizes the thrilling significance of a thrilling reality: "Behold I am with you all days."

Reception and Profession

On the 15th, our ceremony of reception and profession was held in the chapel of the Holy Cross Foreign Mission Seminary, thanks once more to the kindness of the Very Rev. Francis Goodall, C.S.C., superior of the house. It will probably be the last ceremony held in Washington for a long, long time. Father Druffel gave the sermon, pointing out simply, yet graphically and comprehensively, the meaning of religious life, its blessings, its advantages—and its sacrifices.

Seven young women received the habit of the Society and entered the novitiate. Their names in religion are as follows: Miss Hedwig Lips, R.N., Nijmegen, Holland, in religion Sister M. Hedwig; Miss Nicola Franssen, Sappemeer, Holland, Sister M. Nicola; Miss Bertha Jansen, R.N., Sister M. Martha; Miss Brigid Besseling, R.N., Wognem, Holland, Sister M. Damian; Miss Hazel Jacko, Lakewood, Ohio, Sister M. Cyril; Miss Catherine Zeiler, Baltimore, Md., Sister M. Christopher; Miss Joan Devane, Chicago, Ill., Sister M. Raphael.

Sister Jean Marie Everett, from Floral Park, L. I., N. Y., and Sister M. Francis Webster, from Minneapolis, Minn., pronounced their first vows and took the Mission Oath. Sister Francis received her B.A. in Chemistry from Northwestern University, from which she was graduated *maxima cum laude*, then continued her work in this subject at the University of Minnesota while serving as assistant in the department. After getting her Ph.D., she continued for one year as instructor on the University staff before entering the Society.

Sister M. Francis, Ph.D.

The Solemn High Mass was celebrated by the Rev. Francis McBride, C.S.C., assisted by the

Rev. James Egan of Gardenville, Md., deacon, and the Rev. Francis X. Quinn, C.S.C., subdeacon. Seminarians of the Bengalese Seminary also assisted in the service.

Sailing, sailing . . .

Having gained two new sisters in the morning, we prepared to lose two—or at least to send them off—in the evening. At 7 p. m. a departure ceremony was held for Dr. Lippits and Sister Agatha. The sermon was preached by the Rev. Father Urban, O.M.Cap., who has long been a friend of the Society, and whose sympathy with our work was proved by the warmth and understanding with which he spoke of the mission on which the two sisters were about to depart.

The actual departure took place at exactly noon on the 16th, amid much ringing of bells; the travelers stopped for several hours at Fox Chase, and at midnight the same day they sailed! The house will be established in the diocese of His Excellency, the Most Reverend Guilelmus Lemmens, D.D., and will be dedicated to Our Lady of Lourdes.

. . . but some prefer to ride!

The 17th was a hurry and scurry to get all things in order. The Christian Brothers had kindly offered the use of their bus for the transportation of the novitiate; departure was set for 9 a. m. Friday, and the byword was—everyone ready at 8:30. And they were! It was barely 8:31 when the whole community assembled in the chapel and "sang with all their hearts" a joyous *Te Deum* in thanksgiving for the blessings that had been granted in this "cradle of the Society." Then the loading began—bags and baggage, lunch and lemonade, and even a pair of Dutch wooden shoes "for gardening." (And there will be plenty of spade work to be done!) Thirty-one sisters made the trip.

Dr. Eleanore Lippits, M.D.

No sooner were they gone, then the survivors set about getting things in order in preparation for the Catholic Students' Mission Crusade Convention, which was held at the Catholic University August 22-25.

Sister M. Agatha, R.N.

The exhibit hall was in the left wing of the Shrine of the Immaculate Conception. It seemed that all the religious houses, so numerous around the University, had combined to produce one of the largest and finest and most complete exhibitions in the history of C. S. M. C. conventions.

The program, too, had been planned with a diligence and foresight that gave all an opportunity to attend the discussions which appealed to them, and yet left ample time for visits at the various booths. Our Sisters, besides their booth, had charge of the first aid station in Albert Hall, and among their first patients was one of the little Indian boys from the Marquette League delegation. The treatment must have been satisfactory, for a little later when one of our sisters visited their typee, they announced over their loud speaker: "The Medical Mission Sisters are all right!"

Best of all, the convention gave us an opportunity of renewing many acquaintances, whose sincere joy at seeing our growth and progress brought a glow of happiness that comes when one is working with all one's heart, shoulder to shoulder, in a Great Cause—with friends.

Medical Mission Notes

"Missions and Caritas"

The subject chosen for discussion at the Missiological Week held from August 28-31 at Nijmegen, Holland, was *Missions and Caritas.*

The program of the meeting included papers and discussions by missiologists, physicians and practical missionaries on medical mission action, nursing in the missions, maternity and child welfare work, leper colonies, mission hospital organization, medical training for missionaries, etc.

It is of interest to note that the Catholic University of Nijmegen has a chair of Missiology, with Dr. Alph. Mulders as Professor. Dr. Mulders has recently inaugurated a series of missiological study books, destined primarily for future missionaries, writing the first volume on fundamental principles of mission science.

"A Doctor Surveys India"

Dr. Walter Stevenson of Quincy, Ill. . . . with Dr. Samuel Higgins of Milwaukee, Wis., . . . both very much interested in eye surgery, especially cataracts of the eye, began looking for an opportunity to go to India where eye diseases of all kinds are most numerous. . . . Our Society (Society of the Divine Word) invited them to take up their headquarters in our Indore Mission in India. They readily accepted the offer, went to India, spent several months working among the poorest of God's poor, and returned . . . with the self-satisfaction of a noble task nobly done. . . .

Blindness is a form of human pain which moves one to pity, and infantile blindness, which is very prevalent there also, touches one to the quick.

Another very striking point was driven home, namely, the importance of the joint association of medical and spiritual care in missionary work. "You can't do much with a man's soul when his body is sick" could well be cited as a proverb. That is why the modern Medical Mission Society is one of the greatest assets to mission work today.—*The Christian Family,* July 1939.

"From Nancheng, in Kiangsi Province, China"

We are expecting a German Catholic physician as medical missionary. He is from Berlin and has suffered for his Faith and his Jewish descent. It will be a great comfort to have a fully qualified medical man in the mission, and he will take so much of the responsibility off our nursing sisters.—*The Far East,* July 1939.

Zambesi Mission Jubilee

In this year of the Diamond Jubilee of the "Zambesi" (Africa) Mission (to use its old name) it is fitting that we should render fervent thanks to God for His wonderful help during its many trials, and for bringing it to its present state of development. This development is shown by the recent divisions of the original vast mission (implying intenser work in each part) : . . . *Salisbury Vicariate:* Cathedral, 9 European, 21 native churches; native seminary; novitiate for native nuns; 1 college, 4 schools for Europeans, 1 for colored, 139 for natives; 1 native training-school for boys, 1 for girls; **3 hospitals, 12 dispensaries. . . .**

The nuns (at Driefontein mission in the Zambesi territory) have been running the hospital for only a year; it has merely six beds, but 91 cases, some very serious have been treated. From 30 to 60 patients attend the dispensary daily. . . .—*The Missionary Magazine in Aid of the English Jesuit Missionaries,* April 1939.

Franciscan Missionaries of Mary

The Franciscan Missionaries of Mary are doing splendid work at Changsha, Hunan Province (China). Besides looking after the orphans, the kindergarten school and the Catholic hospital, they are attending to the inmates of refugee centers both in the city and in the surrounding countryside.—*The Rock,* June 1939.

Death of Mr. Wei P'ei-Chih

Mr. Simon Wei P'ei-Chih, Commander of the Order of Saint Sylvester, and Honorary President of Catholic Action in China, died in Peiping on the morning of Holy Thursday, April 6. . . .

Mr. Wei . . . was well known for his many charitable activities and was a member of the finance committee for the Central Hospital in Peiping. . . . .

Of his 10 children, one son is a Marist Brother, now stationed in Shanghai, and another is a doctor of medicine connected with the Central Hospital.—*The Rock,* June 1939.

A Doctor for China

One of the Maryknoll nuns departing for China is a licensed physician, Sister Antonia Marie Guerrieri, of Stockbridge, Mass., a graduate of Mt. Holyoke College and of Marquette University School of Medicine. She is the third physician among Maryknoll Sister missioners.—NC., August 7, 1939.

In Our Library

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WORK, *by A. de Béthune. Second edition,* 1939. *John Stevens, Newport, R. I.* 44 *pp. Paper cover.* 75 *cents.*

Miss de Béthune expresses her ideas with a brevity that comes only after long thinking, with a simplicity possible only when one does not have to convince oneself along with the audience. "Work," she begins without preamble, "is man's great vocation. It makes man human." And then she tells why. One by one she selects and analyzes the phases of work: discipline, service, production, punishment, *joy.* And she concludes: "It is our common lot, as men, to work day and night, all our life. We can make this labor be very valuable if we remember always: first that we are working for our brothers, the children of God, and secondly, that we work like God when we work well."

Under separate chapters she considers the ingredients of work: knowledge of the materials, acquisition of skill, formation of ideas, love of our service. The author uses examples that are homely and keen. Speaking of skill, she shows us the child who, with a continually developing critical sense, must strive to make his work measure up to his understanding, for "when he gives in to his ignorance and gives up the work, then is the real tragedy. It is death. It is the cessation of growth. . . . He will grow up to be a tall young fellow of twenty, let us say, utterly incapable of drawing more than thin, weak nervous little lines, or of raising his voice to speak out loud, or of sailing a boat, or swimming, or using an axe, or thinking, or praying perhaps."

She concludes as tersely as she began: "Labor is man's use of his own intelligence and his will. . . . The joy of the ultimate contemplation is already our reward when we can see our beautiful work all finished. Everyone of our works can equally bear the joyous stamp of our humanity. For no action is worthless, and the fullness of God is worthy to be glorified in all things."

* * *

THE CATHOLIC PROFESSIONAL MAN, *by F. M. R. Walsh, M.D. In "The Catholic Medical Guardian," July,* 1939. *(Quarterly Journal of the (English) Guild of St. Luke, SS. Cosmas and Damian.) Burns, Oates & Washbourne, Ltd., London.*

"There is more to that, dear Wendell, than appeareth to the eye." said a wise old Master Chemist, once upon a time, to a very zealous young recruit, who, with a score of models before him, had set out to make an egg. And so it is of medical missions. The outer shell of generalities is easily perceived; the underlying specific potentialities are not always so apparent. With the Medical Mission Apostolate in the back of our minds, then, it is interesting to read some of the remarks of Dr. Walshe on the status, the standards and the functions of the medical profession.

He begins with the remark that "lawyers and doctors lead lives that bring them into constant and intimate contact with their fellow-men from one end of the social scale to the other, and from one extreme of belief or standard of ethics to the other. I submit that in virtue of these unequalled opportunities we necessarily possess a body of experience and a faculty of judgment that should make us a factor of weight in the Catholic life of our country. . . . We find ourselves as a more or less isolated outpost of the Universal Church in a land that has abandoned its allegiance to that Church, and with the duty not only to hold that outpost secure against the growing paganism of the age, but also—should it please Providence—to act as a leaven that may in time serve to regain our country for the faith of our fathers." To do this our Catholicism "must be the Catholicism of which von Hügel wrote: one ready to enlist all man's gifts and faculties in the service of religion, even those faculties that are not primarily religious."

A glorious challenge is set before the youth of today. It is the task of giving the truth about God and the soul to the unchurched multitudes. Without knowing it, they want God. If they meet strong-hearted, fearless youths who openly profess allegiance to the divine Christ, they may be brought to the joy of knowing the true and eternal God.—Russell, *Christ the Leader.*

Again, there must be an interchange of thought between the professional man and the clergy. In France such an interchange has been realized. "With the special encouragement of the Pope (Pius XI) there is held each year at the Carmelite Fathers' house at Fontainebleau a conference between theologians, philosophers and doctors for the free discussion and the elucidation of problems that lie within the special spheres of each. . . . These discussions are conducted in an atmosphere of intellectual candor and freedom of speech that is refreshment to the soul and an inspiration to the mind, and they are already reaping a rich harvest for Catholic thought."

And summing up his points, the Doctor makes the "earnest submission that the first requisite of Catholicism in our time and country is a determination to enlist reason, knowledge and intellectual candor in its service."

Mission Intention for September

"That Catholic Action in the Missions May Increase"

Approximately two billion human beings live on this earth. Of this number only about 333,500,000, one-sixth, belong to the true fold of Christ. More than a billion souls live in the pagan darkness of Asia, Oceania, and Africa, enslaved to the distorted religious systems of Mohammedanism, Buddhism, Taoism, Confucionism, Shintoism, and Animism and a comparatively small number to the Protestant sects. One realizes with astonishment that less than 14,000,000 Catholics live in this desert of over a billion pagans. The astonishment is not lessened by the fact that nineteen centuries have elapsed since Christ, victorious over sin and death, gave the order to His Apostles and their successors, "Going therefore, teach ye all nations." In a world of darkness Christ, the Light of Life, lives; yet there are too few torchbearers with sufficient zeal and means to illumine the darkness with the Light. Hence the need of emphasizing Catholic Action in the Missions.

Catholic Action is essentially a lay apostolate for the spread of the Kingdom of Christ. In the words of Pius XI, it is "the participation of the Catholic laity in the Apostolate of the Church's hierarchy." Bishops and priests are officially commissioned to spread the word of the Gospel and bring sanctification through the Sacraments. Religious are their co-workers. But the voice of Christ speaking through His Vicars has called the laity also to do the work of the apostolate through Catholic Action. Subordinate to the hierarchy, Catholic Action embraces all classes and all ages of lay people, and utilizes their individual and collective efforts in an organized campaign to spread the knowledge and love of Christ. With Christian sanctity and zeal as its heart, it uses the tools of prayer, of associations, of education, of the press and of speech privately and publicly, to combat pagan and subversive ideas with the truth of Christ's Gospel. In the mission fields it calls for substantially holy and self-sacrificing catechists, doctors, nurses, teachers, lay speakers guided by their priests and bishops, and men and women imbued with, and spreading Christian social principles to offset pagan and communistic deceits. Catholic Action in the missions demands also the cooperation of the laity of America and of other lands. All are members of the same Mystical Body of Christ and sharers of the "royal priesthood." "You are the light of the world," said our Lord. Without our prayers and material assistance the weary bodies and the anxious minds of priests and nuns in their mission exiles cannot sustain their burden. The task of providing food, schools, books, chapels, dispensaries, hospitals, catechists—all so necessary for the spread of the Gospel in pagan lands—is a very heavy one too feebly realized by those who live in the comforts of civilization. "Catholic Action in the Missions" invites the cooperation of *all* to provide what is needed spiritually and materially, to pave the way through the cure of body and mind to the Christianization of approximately five-sixths of the world's population who still live in the darkness of paganism and heresy.—*Rev. Ferdinand Schoberg, S.J.*

Our Bookmark

Not long ago we chanced to pick up a book—not an especially recent book—with a dedication that caught our eye. The volume was entitled *Biology,* by U. A. Hauber and M. Ellen O'Hanlon; the dedication ran as follows: *To the* YOUTH OF AMERICA *who eager and alert but bewildered are searching for truth.*

Such is the "challenge flung to youth"—and to all those who have a part in the shaping of youth: to parents, to teachers, to employers!

Ss. Cosmas and Damian

Our cover reminds us of the Feast on September 27 of two glorious patrons of the medical profession, St. Cosmas and his brother, St. Damian. "They healed souls as well as bodies, following the example of Jesus in Palestine," and were martyred in A. D. 285.

R. I. P.

Please pray for the repose of the souls of:

Rt. Rev. Msgr. Peter H. McClean, Bridgeport, Conn.

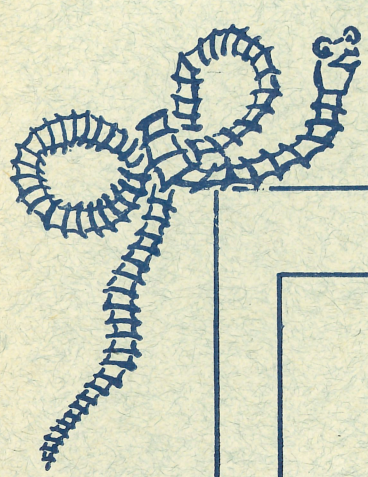
Rev. John B. Manley, Baltimore, Md.

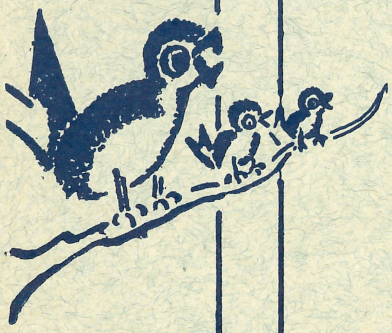
Brother Walter, C.S.C., Notre Dame, Ind.

Rev. Mother Mary Ignatius Carroll, Rosemont, Pa.

Mrs. John Lang, Grange Co., Sligo, Ireland.

Eternal rest grant unto them, O Lord: and let perpetual light shine upon them. May they rest in peace. Amen.





The Rear Guard

thanks you for your loyal and liberal and gracious response to their appeals, and very seriously and sincerely invites you to the

Formal Opening of The Medical Mission House

on Tuesday, October third
nineteen hundred and thirty-nine
Open House All Day

MEDICAL MISSION SISTERS

PHILADELPHIA, PA.

The Society of Catholic Medical Missionaries is a religious community of women founded in 1925 for the purpose of providing medical care to the sick in the foreign missions.

The Motherhouse and Novitiate are located in Fox Chase, Philadelphia, Pa. There is also a House of Studies in Brookland, Washington, D. C., and Houses of Postulate in England and Holland.

At present the Society labors in India, where the Sisters conduct hospitals, dispensaries, maternity and child welfare centers, training schools for native nurses and midwives, and similar health activities. It is the purpose of the Society to send Medical Missionaries to any mission field of the world. The Society has many requests; it needs many vocations.

For further information apply to:

SISTER SUPERIOR
MEDICAL MISSION HOUSE
8400 PINE ROAD, FOX CHASE
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